

IN THE UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

28 March 2005  
Mark Reaves  
24 Ionia Street  
Springfield, MA 01109  
Plaintiff

**CIVIL ACTION**

**NO. 04-30125-KPN**

v.

Massachusetts Army National Guard  
Milford, Massachusetts

Raymond Vezina,  
Milford, Massachusetts

Robert Jordan, MAJ  
Milford, Massachusetts

Thomas J. Sellars, LTC  
Milford, MA

Richard Nagle, MAJ  
Milford, MA

Defendants

FILED  
IN CLERK'S OFFICE  
2005 March 29 A 10:11  
U.S. DISTRICT COURT  
DISTRICT OF MASS.


**Notice of Service**

I hereby submit that I have made constructive service upon defendant "Robert Jordan". I have received the postal verification showing proof of receipt of the waiver of service form; however, the waiver of service form was not completed and returned.

I have submitted for the record waiver of service forms for all other defendants in this case. I respectfully request to move forward at this time.

This request is respectfully submitted.

Thank You

  
Mark Reaves  
Pro, Se  
Plaintiff

Encl  
Postal Service Verification

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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MILFORD, MA 01757

Postage	\$ 0.60	UNIT ID: 0610
Certified Fee	2.70	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.65	Postmark Here

Clerk: KB71R5

03/21/05  
 ROBERT E. JORDAN

Sent To: THE COMMONWEALTH OF MA  
 Street, Apt. No., or PO Box No. 50 MAPLE ST  
 City, State, ZIP+4 MILFORD MA 01757

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>SONIA</i> C. Date of Delivery <i>3/21/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>THE COMMONWEALTH OF MASSACHUSETTS          JOINT FORCE HEADQUARTERS          MA NATIONAL GUARD          50 MAPLE ST          MILFORD, MA 01757          ROBERT E. JORDAN</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article N          (Transfer) 7004 1160 0004 7298 8915</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

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